

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Derek Rosser

**17CV 504**

RECEIVED  
SDNY PRO  
SEC OFFICE

2017 JAN 23 PM 3:00

No. \_\_\_\_\_  
(To be filled out by Clerk's Office)

Write the full name of each plaintiff.

-against-

SANDI - Aventis 55 Corporate Drive  
Bridge Water N.J. 08807  
Doctor who prescribed Ambien at a  
mental Health Clinic, Narco Freedom

methadone Clinic, Detective Phillip Atkins #3789

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

**COMPLAINT**

(Prisoner)

Do you want a jury trial?

Yes  No

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

## I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

Violation of my federal constitutional rights

prescribe

Other:

Wrong medications resulting in my lost  
of freedom

## II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Deek H. Rosser

First Name

Middle Initial

Last Name

None

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

NYSID

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

C-95 A.M.K.C.

Current Place of Detention

18-18 Hazen Street.

Institutional Address

East Elmhurst N.Y. 11370

County, City

State

Zip Code

## III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

Pretrial detainee

Civilly committed detainee

Immigration detainee

Convicted and sentenced prisoner

Other:

#### IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

Pharmaceutical company that manufactures

First Name	Last Name	Shield #
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Ambien - Sanofi - Aventis

Current Job Title (or other identifying information)

55 Corporate Drive

Current Work Address

Bridge Water N.J. 08807

County, City	State	Zip Code
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Doctor Name Unknown

First Name	Last Name	Shield #
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Current Job Title (or other identifying information)

150th Street & Coetlandt Ave.

Current Work Address

Bronx New York.

County, City	State	Zip Code
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Defendant 3:

NARCO Freedom Methadone Clinic

First Name	Last Name	Shield #
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Doctor Doctor Name Unknown

Current Job Title (or other identifying information)

138th Street and Grand Concourse

Current Work Address

Bronx New York

County, City	State	Zip Code
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Defendant 4:

Phillip Atkins

First Name	Last Name	Shield #
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Detective

Current Job Title (or other identifying information)

13th Precinct

Current Work Address

New York New York

County, City	State	Zip Code
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**V. STATEMENT OF CLAIM**

Place(s) of occurrence: Bronx N.Y. & N.Y. N.Y.

Date(s) of occurrence: November 11<sup>th</sup> 2015

**FACTS:**

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

ON Nov. 11<sup>th</sup> 2015 I was arrested for attempted Robbery in second degree, as a result of my prescribe medications. I was severely beaten by N.Y.P.D Officer Phillip Atkins shield # 3789 and his partner. As a result of my injuries I was taken to Bellevue Hospital, 462 First Ave. N.Y. N.Y. 1:30 A.M. Earlier the same year 2015, I had an adverse affect from XANAX and methadone, and spent a night in a psych ward, that informed my methadone program of what happened. My methadone program (NARCO Freedom) referred me to a mental health clinic that prescribed Ambien for me. I also have a pinched nerve, and was receiving Lyrica. When I went to both Jacobi & Lincoln Hospital they would not give me Lyrica, because I was on methadone, and Lyrica is a controlled substance and mixing the two medication would not be good. Ambien is also a controlled substance that was prescribe to me by a psych I was referred to, by my methadone program. Which resulted in my present incarceration. By mixing the two prescribed medications. Ambien & Methadone caused a adverse affect.

Failed to inform the user of side effects of combining Ambien with methadone.

**INJURIES:**

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Physically Beaten By Detective Phillip Atkins; memory loss and sleepwalking. I can't recall my medical treatment if any or the details of why I'm Incarcerated

**VI. RELIEF**

State briefly what money damages or other relief you want the court to order.

100 million Dollars

## VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

1-5-17

Dated

Derek Rosser

Plaintiff's Signature

Derek H. Rosser

First Name

Middle Initial

Last Name

18-18 HAZEN Street

Prison Address

East Elmhurst New York 11370

County, City

State

Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: \_\_\_\_\_

Deek Rosser  
18-18 Hazen St.  
East Elmhurst N.Y.  
11370



RECEIVED  
SDNY PRO SE OFFICE  
2017 JAN 23 PM 3:08

The Daniel Patrick Moynihan  
United States Courthouse  
500 Pearl St. Room 200  
New York N.Y. 10007-1312

